collections for public comment. Interested persons are invited to send comments regarding the burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency—s functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

Type of Information Collection Request: Extension of a currently approved collection; Title of Information Collection: Information Collection Requirements contained in BPD-718: Advance Directives (Medicare and Medicaid); Form No.: HCFA-R-10; Use: Certain Medicare and Medicaid organizations are responsible for collecting and documenting, in medical records, whether or not an individual has executed an advance directive, this document indicates the individual-s preference if he/she is incapacitated. Frequency: On occasion; Affected Public: Business or other for-profit, Notfor-profit institutions, Federal government, and State, local or tribal government; Number of Respondents: 38,927; Total Annual Responses: 38,927; Total Annual Hours Requested: 908,250.

To request copies of the proposed paperwork collections referenced above, call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections should be sent within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address:

HCFA, Office of Financial and Human Resources, Management Planning and Analysis Staff, Attention: Louis Blank, Room C2–26–17, 7500 Security Boulevard, Baltimore, Maryland 21244–1850

Dated: March 13, 1996.

Kathleen B. Larson,

Director, Management Planning and Analysis Staff, Office of Financial and Human Resources.

[FR Doc. 96–6751 Filed 3–20–96; 8:45 am]

## Agency Information Collection Activities; Proposed Collection; Comment Request

**AGENCY:** Health Care Financing Administration, HHS.

In compliance with the Paperwork Reduction Act (44 U.S.C. 3501 et seq.) this notice is publishing the following summaries of proposed collections for public comment. The title, description, and respondent description of the information collection are shown below with an estimate of the annual reporting and recordkeeping burden. Included in the estimate is the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

- 1. Type of Information Collection Request: Revision of a currently approved collection; Title of Information Collection: Video Display Terminal (VDT) Operators Eye Care Program; Form No.: HCFA-81; Use: This form is needed to gather information necessary to process employees' request to participate in the VDT Operators' Eye Care Program. Part of the form will be completed by HCFA employees and their supervisors. Another part of the form is completed by personal eye care practitioners and opticians providing services to HCFA employees; Frequency: On occasion; Affected *Public*: Business or other for profit, Individuals or households, Federal Government; Number of Respondents: 500; Total Annual Responses: 500; Total Annual Hours Requested 2,000.
- 2. Type of Information Collection Request: Reinstatement, with change, of a previously approved collection for which approval has expired; Title of Information Collection: Attending Physicians Statement and Documentation of Medical Emergency; Form No.: HCFA-1771; Use: This form is used to document the attending physician's statement that the hospitalization was required due to an emergency and give clinical support for the claim; Frequency: On occasion; Affected Public: Business or other for profit; Number of Respondents: 1,700; Total Annual Responses: 1,700; Total Annual Hours Requested 425.

To request copies of the proposed paperwork collection referenced above, call the Reports Clearance Office on (410) 786–1326. Written comments and recommendations for the proposed information collections should be sent within 60 days of this notice directly to the HCFA Paperwork Clearance Officer designated at the following address: HCFA, Office of Financial and Human Resources, Management Planning and Analysis Staff, Attention: Zaneta Davis, 7500 Security Boulevard, Room C2–26–17 Baltimore, Maryland 21244–1850.

Dated: March 14, 1996.

Kathleen B. Larson,

Director, Management Planning and Analysis Staff.

[FR Doc. 96–6757 Filed 3–20–96; 8:45 am] BILLING CODE 4120–03–P

## Public Information Collection Requirements Submitted for Public Comment and Recommendations

**AGENCY:** Health Care Financing Administration, HHS.

In compliance with the requirement of section 3506(c)(2)(A) of the Paperwork Reduction Act of 1995, the Health Care Financing Administration (HCFA), Department of Health and Human Services, is publishing the following summaries of proposed collections for public comment. Interested persons are invited to send comments regarding this burden estimate or any other aspect of this collection of information, including any of the following subjects: (1) The necessity and utility of the proposed information collection for the proper performance of the agency's functions; (2) the accuracy of the estimated burden; (3) ways to enhance the quality, utility, and clarity of the information to be collected; and (4) the use of automated collection techniques or other forms of information technology to minimize the information collection burden.

1. Type of Information Collection Request: Reinstatement, without change, of a previously approved collection for which approval has expired; Title of *Information Collection:* Information Collection Requirements in Final Peer **Review Organization Sanction** Regulations, 42 CFR 1004.40(b), 1004.50(g), 1004.60(b), and 1004.70 (b) and (c); Form No.: HCFA-R-65; Use: This rule revises and updates the procedures governing the imposition and adjudication of program sanctions predicated on recommendations of State Utilization and Quality Control Peer Review Organizations (PROs). These changes are being made as a result of